

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

BEFORE THE INDIANA
COMMISSIONER OF INSURANCE

CAUSE NUMBER: 10056-AG11-0216-030

IN THE MATTER OF:

George Gombar)
Agent / Respondent)

3387 Blair Dr.)
Los Angeles, CA 90068)

Type of Agency Action: Enforcement)

Indiana Insurance License No.:598639)

FILED

JAN 10 2012

STATE OF INDIANA
DEPT. OF INSURANCE

FINAL ORDER AND APPROVAL

The Indiana Department of Insurance ("Department") and George Gombar ("Respondent"), a licensed non-resident Indiana Insurance producer, signed an Agreed Entry which purports to resolve all issues involved in the action by the Department regarding Respondent's license, and which has been submitted to the Commissioner of Insurance (the "Commissioner") for approval. (See Exhibit 'A' attached hereto)

The Commissioner, after reviewing the Agreed Entry, finds it has been entered into fairly and without fraud, duress or undue influence, and is fair and equitable between the parties. The Commissioner hereby incorporates the Agreed Entry as if fully set forth herein, and approves and adopts in full the Agreed Entry as a resolution of this matter.


IT IS THEREFORE ORDERED by the Commissioner of Insurance:

1. Respondent shall pay an administrative fine in the amount of two hundred and fifty dollars (\$250.00), payable within sixty (60) days from the date this Final Order is filed.
2. Respondent, if Respondent has not already done so, shall file a semi-annual tax report for January through June 2010 within ten (10) days from the date this Final Order is filed.

3. Respondent shall be on probation for a period of one (1) year during which time, and at all times in the future, Respondent shall comply with Indiana Insurance Law including Indiana Code 27-1-15.8-4(c).

4. The Department shall accept Respondent's compliance with the terms of this Final Order as full resolution of this matter.

ALL OF WHICH IS ORDERED this 10th day of January, 2012.


Stephen W. Robertson, Commissioner
Indiana Department of Insurance

Distribution:

Nikolas P. Mann
INDIANA DEPARTMENT OF INSURANCE
311 West Washington Street, Suite 300
Indianapolis, Indiana 46204-2787

George Gombar
3387 Blair Dr.
Los Angeles, CA 90068

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) SS:
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BEFORE THE INDIANA
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CAUSE NUMBER: 10056-AG11-0216-030

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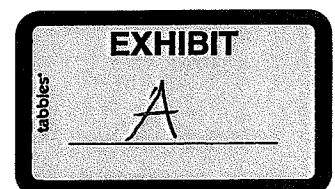
AGREED ENTRY

This Agreed Entry is entered into by Nikolas Mann, attorney for and on behalf of the State of Indiana, Department of Insurance ("Department"), and George Gombar ("Respondent"), a licensed Indiana non-resident insurance producer holding surplus lines license number 598639, to resolve all matters in the above referenced administrative action. This Agreed Entry is subject to the review and approval of the Commissioner for the Indiana Department of Insurance.

WHEREAS, Respondent is a licensed non-resident insurance producer holding surplus lines license number 598639; and

WHEREAS, Respondent has been qualified as a surplus lines producer in accordance with and as defined under Indiana Code Section 27-1-15.8 *et seq* and is therefore bound by all requirements and restrictions contained therein; and

WHEREAS, pursuant to Indiana Code 27-1-15.8-4(c), Respondent was required to file a semi-annual tax report for January through June 2010 on or before August 1, 2010; and



WHEREAS, Respondent failed to file the above referenced tax report with the correct information by the specified deadline in violation of Indiana Code 27-1-15.8-4(c); and

WHEREAS, an Order of Nonrenewal of License was issued on February 28, 2011 as a result of Respondent's failure to respond to Department correspondence because Respondent's non-resident producer license had expired on August 31, 2010; and

WHEREAS, Respondent wishes to resolve the issue that prompted the Nonrenewal Order in order to sell surplus lines products in Indiana; and

WHEREAS, the Department and Respondent desire to resolve their differences and settle the issues without the necessity of a hearing;


IT IS, THEREFORE, NOW AGREED by and between the parties as follows:

1. The Commissioner has jurisdiction over the subject matter and Respondent in this administrative action.
2. This Agreed Entry is executed voluntarily by the parties. Respondent voluntarily and freely waives the right to a public hearing on this matter.
3. Respondent voluntarily and freely waives the right to petition for judicial review of this agreement and the Commissioner's Final Order.
4. Respondent agrees to pay an administrative fine in the amount of two hundred and fifty dollars (\$250.00), payable within sixty (60) days from the date the Commissioner files the Final Order in this matter.
5. Respondent agrees, if Respondent has not already done so, to file a semi-annual tax report for January through June 2010 within ten (10) days from the date the Commissioner files the Final Order in this matter.


6. Respondent agrees to a probationary period of one (1) year during which time, and at all times in the future, Respondent shall comply with Indiana Insurance Law, including Indiana Code 27-1-15.8-4(c).
7. The Department agrees to vacate the February 28, 2011 Nonrenewal Order upon receipt of the administrative fine and approval of this agreement by the Commissioner.
8. The Department agrees to accept Respondent's compliance with the agreement herein as full resolution of this matter.
9. Respondent has carefully read and examined this agreement and fully understands its terms.
10. Respondent has entered into this agreement freely, and has not been subject to duress, threat or undue influence.
11. Should this Agreed Entry not be accepted by the Commissioner, it is agreed that presentation to and consideration of this Agreed Entry by the Commissioner shall not unfairly or illegally prejudice the Commissioner from further participation in or resolution of these proceedings.
12. Respondent is aware that failure to comply with any term of this agreement will result in the matter being set for hearing.

12/30/11
Date Signed

12-21-11
Date Signed



Nikolas P. Mann, Attorney
Indiana Department of Insurance



George Gombar, Respondent

Jonathan D. Kramer, Notary Public


SEE ATTACHED
NOTARY CERTIFICATE

12/21/11

STATE OF CA)
COUNTY OF Los Angeles) SS:

Before me a Notary Public for Jonathan D. Kramer, Notary Public County, State of _____,
personally appeared George Gombar and being first duly sworn by me upon his oath, states that
the facts alleged in the foregoing instrument are true. Signed and sealed this 21 day
of December 2011.

Jonathan D. Kramer, Notary Public

Jonathan D. Kramer, Notary Public
Notary Signature

Jonathan D. Kramer, Notary Public

SEE ATTACHED
NOTARY CERTIFICATE

Notary Name Printed

My Commission expires: 06/13/2014

County of Residence: LA

Return original NOTARIZED document to:

INDIANA DEPARTMENT OF INSURANCE
Enforcement Division
311 West Washington Street, Suite 103
Indianapolis, IN 46204-2787
317/233-4243 - telephone
317/232-5251 - facsimile

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

State of California

County of Los Angeles



Jonathan D. Kramer, Notary Public

Place Notary Seal Above

Subscribed and sworn to (or affirmed) before me

on this 21 day of December, 2011,
Date Month Year
by

(1) George Gompax,
Name of Signer

proved to me on the basis of satisfactory evidence
to be the person who appeared before me (.) (.)

(and
(2) W. H.,
Name of Signer

proved to me on the basis of satisfactory evidence
to be the person who appeared before me.)

Signature Jonathan D. Kramer,
Signature of Notary Public
Jonathan D. Kramer, Notary Public

OPTIONAL

*Though the information below is not required by law, it may prove valuable
to persons relying on the document and could prevent fraudulent removal
and reattachment of this form to another document.*

Further Description of Any Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

RIGHT THUMBPRINT
OF SIGNER #1
Top of thumb here

RIGHT THUMBPRINT
OF SIGNER #2
Top of thumb here